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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CON of 10/704,376 11/07/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 05/11/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Alvin M. Lee</u> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 31	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
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TITLE
 Cardiac harness for treating congestive heart failure and for defibrillating and/or pacing/sensing

FILING FEE RECEIVED 646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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